

CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

Application for Residential Utility Service

Name (first, middle initial, last):		
Social Security Number:	Date of Birth:	-
Co-Customer Name (first, middle initial, last):		
Social Security Number:	Date of Birth:	-
Mailing Address:		
Service Address:		
City, State, Zip Code:		
Telephone Number:	Cell Phone Number:	-
Name and Phone Number of Employer:		
Co-Customer Employer Name and Phone Num	ber:	
Other Contact Person (Name, address, phone n	number of relative/friend not living at above address))
Housing Information:OwnRent		
Primary Heat Source:Electric,Ga	as, Propane,Wood	
Date of Service Connection		
Please sign in the space below and return this property owner of your right to enter into the	is form along with a <u>photocopy of a picture ID an</u> nis contract for said property.	d certification from the current
delivered or made available at this location unt that all utility services will be delivered subject may be generally amended from time to time. warranties, whether expressed or implied inclu expressly disclaimed. I represent that I am eith from the owner. I also represent that neither I	cation and agree to pay for all electric, water, sewer, til I notify the City of Bonners Ferry in writing to dist to the terms and provisions of the City of Bonners I understand the City of Bonners Ferry makes no warding all warranties of merchantability and fitness for the owner of the premises described above or am nor any member of my household have a delinquent own a lien to be placed on my interest in the above stated	scontinue such services. I agree Ferry City Code as it now exists or arranties of any kind and all or a particular purpose, are a renting or leasing the property t utility account with the City of
Signature	Printed Signature	
Co-Customer Signature	Printed Signature	
Date		